

## OFFICE OF THE ASSESSOR

## **City of Burlington**

City Hall, Room 17, 149 Church Street, Burlington, VT 05401

P (802) 865-7114 F (802) 865-7116

www.burlingtonvt.gov/assessor

## **Public Information Request Form**

Please use this form to request information and/ or copies of public records that will require Assessor's Office Staff time and assistance to fulfill. A **\$20.00 fee** applies for all offsite storage retrievals. Other costs may be incurred which need to be reimbursed by the requestor/agent.

Date:	
Name of Requestor:	
Mailing Address:	
- -	
Email Address:	
Please describe with as much detail as possible the specific information requested:	
What format would you like the information in (ie paper copies, email attachment etc?)	
the format of the informat	sor's Office may encounter technical limitations with regard to ion to be provided. Please confirm with Assessor's Office Staff mittal. Turn round for this request may take a minimum of two
Signature of Requester:	
=======================================	
For Office Use Only	Date Stamp – Date Request Received
Person receiving request: Date request fulfilled: Amount Due, if applicable: Date(s) Requester Contacted: Date Requester Paid, if applica Date Mailed / Delivered to	